

Commonwealth of Kentucky  
Personnel Cabinet

# Health Insurance Program Monthly Report



Prepared for

Kentucky Group Health Insurance  
Board Members

July 2008

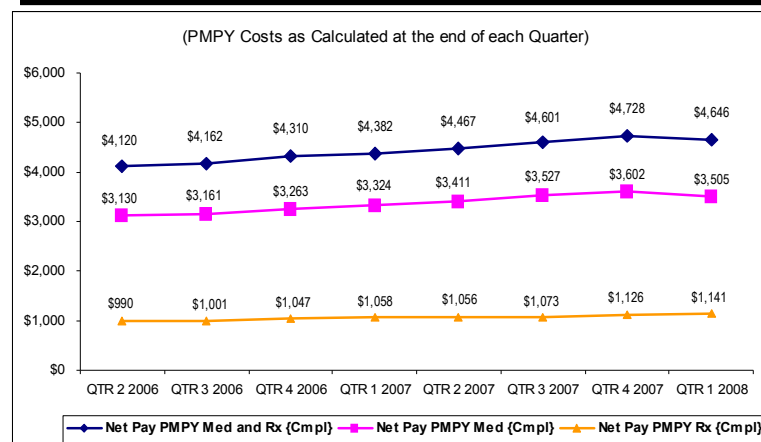
# DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred, but Not yet Reported Claims (IBNR or CMPL)

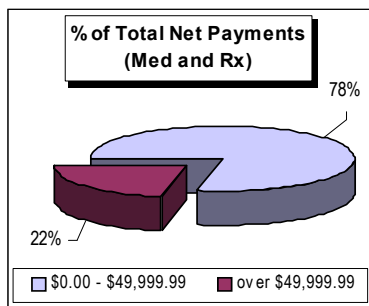
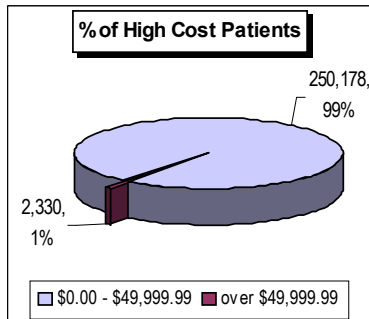
## Enrollment

Fact	Mar 2007 - Feb 2008	Mar 2006 - Feb 2007	% Change
Employees Avg Med	151,450	147,334	2.80%
Members Avg Med	246,047	237,385	3.60%
Family Size Avg	1.6	1.6	0.80%
Member Age Avg	36.5	37.6	-3.00%

## Net Incurred Claims Cost Per Member



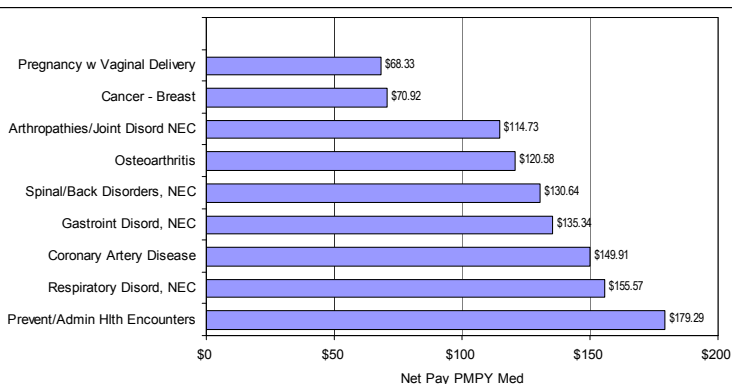
## High Cost Claimants March 07 - February 08



## Prescription Drug Programs

		Mar 2006 - Feb 2007	Mar 2007 - Feb 2008	% Change
Mail Order	Discount Off AWP % Rx	34.14%	36.66%	7.40%
	Scripts Generic Efficiency Rx	91.16%	90.95%	-0.24%
Retail	Discount Off AWP % Rx	34.35%	37.40%	8.88%
	Scripts Generic Efficiency Rx	94.30%	93.74%	-0.60%
Total	Discount Off AWP % Rx	34.32%	37.29%	8.63%
	Scripts Generic Efficiency Rx	94.18%	93.59%	-0.63%
	Scripts Maint Rx % Mail Order	6.12%	7.74%	26.49%

## Top 10 Clinical Conditions



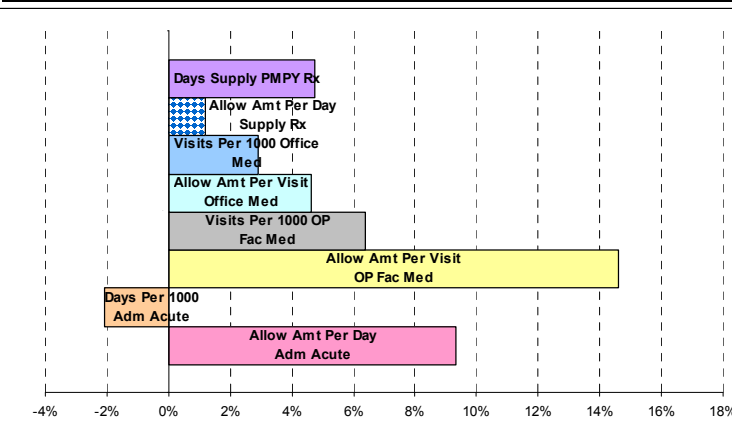
## Allowed Claims Costs PMPY with Norms

	Mar 2006 - Feb 2007	Mar 2007 - Feb 2008	Trend	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$3,616.43	\$3,952.66	9%	\$3,593.62	9.08%
Allow Amt PMPY IP Acute {Cmpl}	\$1,021.99	\$1,100.14	8%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$2,583.04	\$2,842.32	10%	\$2,447.04	13.91%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,083.58	\$1,332.76	23%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$908.20	\$987.71	9%	\$0.00	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$224.90	\$245.23	9%	\$0.00	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$450.91	\$488.94	8%	\$0.00	N/A
Out of Pocket PMPY Med {Cmpl}	\$328.45	\$339.47	3%	\$650.30	-91.56%
Allow Amt PMPY Rx {Cmpl}	\$1,234.97	\$1,309.17	6%	\$1,010.46	22.82%
Out of Pocket PMPY Rx {Cmpl}	\$215.92	\$207.79	-4%	\$0.00	N/A

## Cost Drivers Support

Fact	Mar 2006 - Feb 2007	Mar 2007 - Feb 2008	% Change
Allow Amt Per Day Adm Acute	\$2,816.73	\$3,079.29	9.32%
Days Per 1000 Adm Acute	350.47	343.19	-2.08%
Allow Amt Per Visit OP Fac Med	\$645.82	\$740.17	14.61%
Visits Per 1000 OP Fac Med	1,677.82	1,784.82	6.38%
Allow Amt Per Visit Office Med	\$109.02	\$114.06	4.63%
Visits Per 1000 Office Med	8,330.61	8,572.32	2.90%
Allow Amt Per Day Supply Rx	\$2.22	\$2.25	1.18%
Days Supply PMPY Rx	556.30	582.80	4.76%

## Cost Drivers—Utilization and Price Trends



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## **Introduction**

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

## **Overview**

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

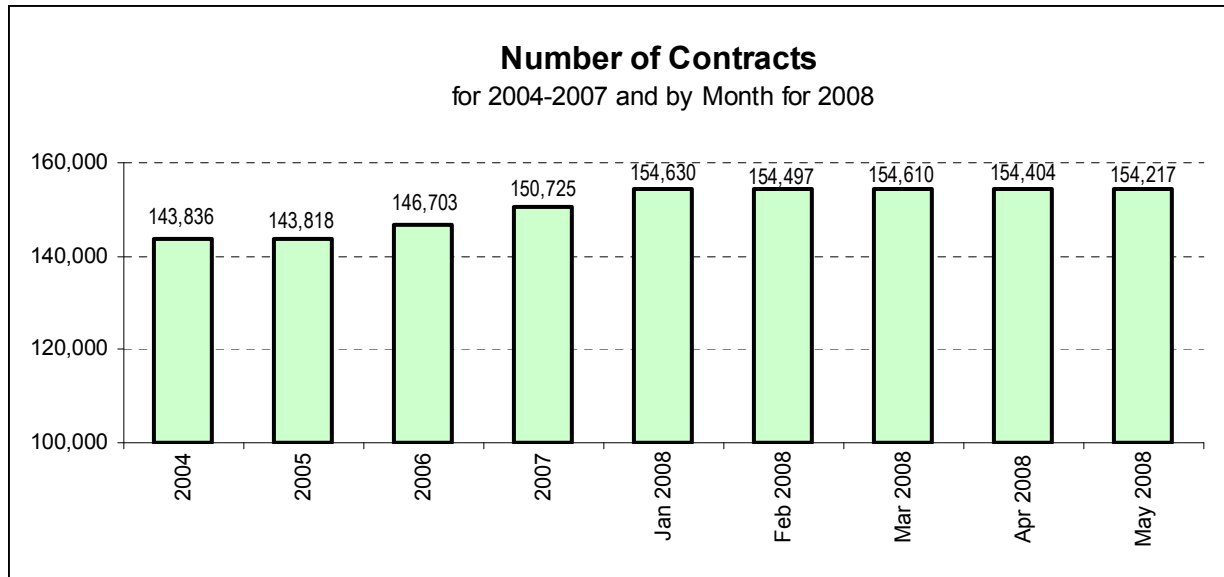
Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2006 Medstat processed enrollment information for a total of **258,809** members as well as **7,973,124** claims (3,96,007 Medical claims and 4,584,166 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

## **Definitions**

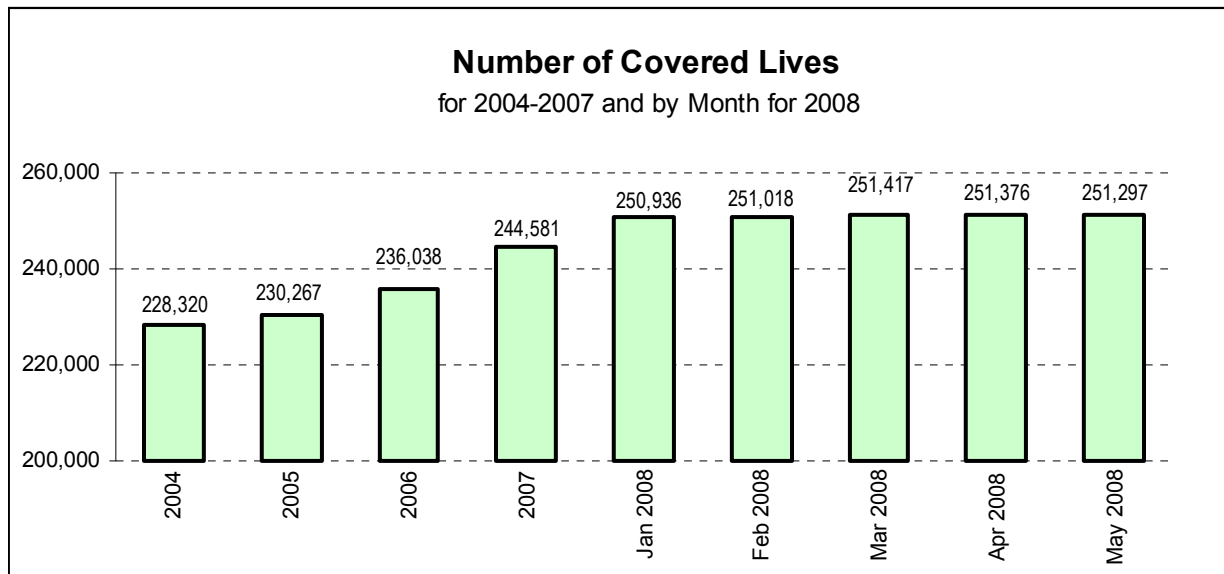
- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, Commonwealth Select, HMO Option A, HMO Option B, POS Option A, POS Option B, PPO Option A, PPO Option B, or EPO Option C.
- **Carrier** may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

## Enrollment

The following chart show planholder enrollment (contracts) for 2004-2007 and monthly year-to-date for 2008. Enrollment will fluctuate on a monthly basis. (Approximately 7,500 cross-referenced spouses in any given month are not included)

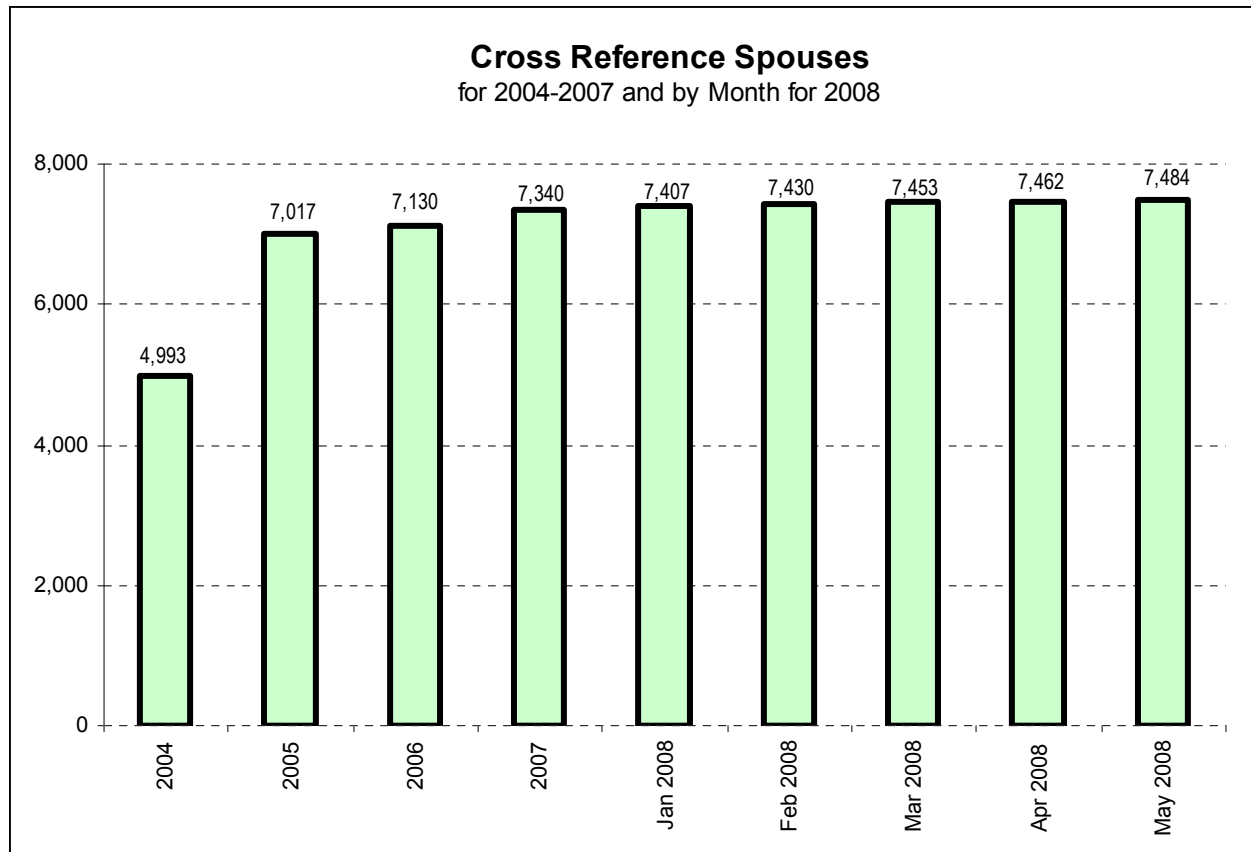


The following chart show member enrollment (covered lives) for 2004-2007 and monthly year-to-date for 2008. Enrollment will fluctuate on a monthly basis.



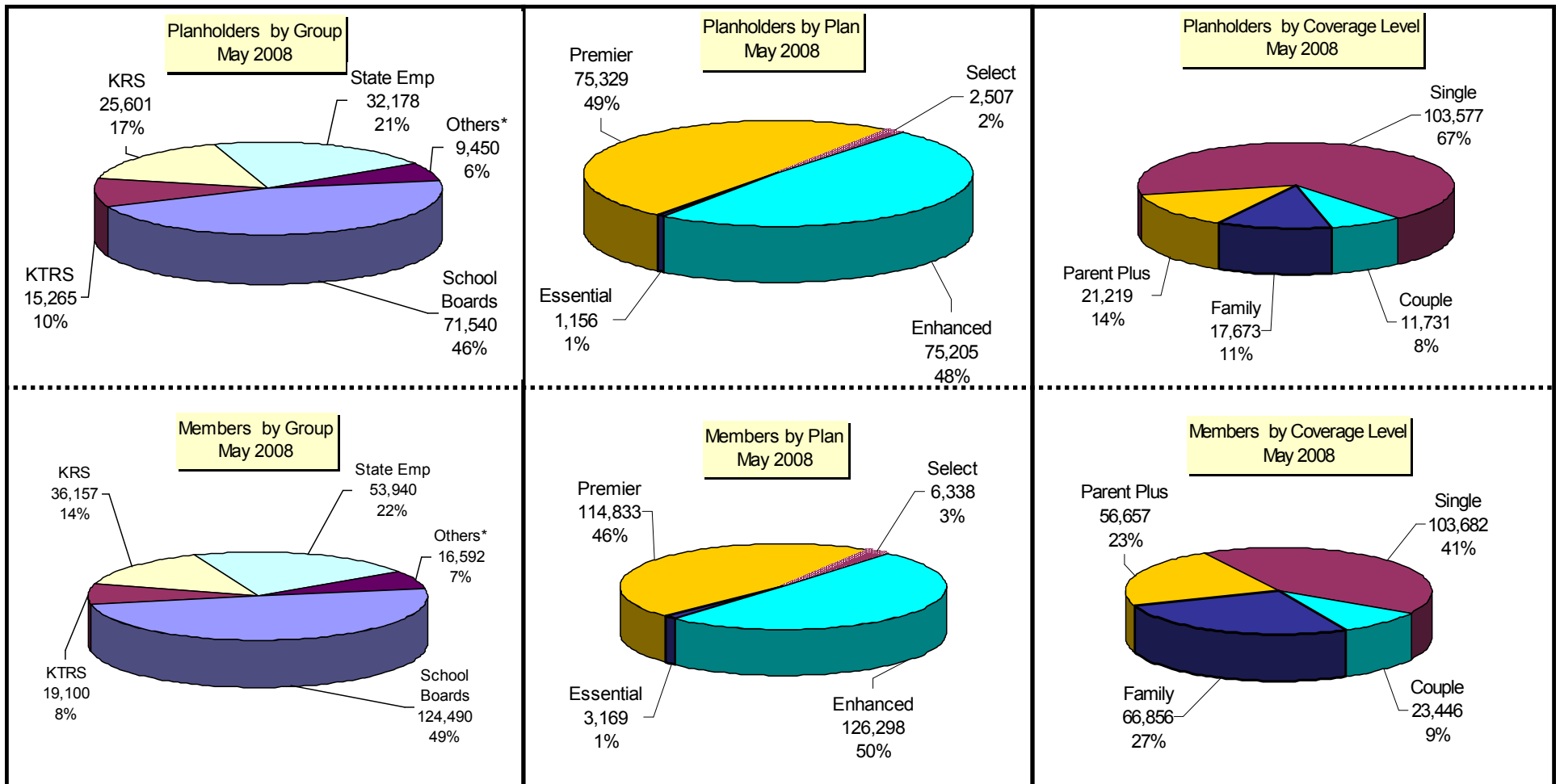
**Enrollment** *(continued)*

The following graph shows the number of cross-reference spouses for 2004-2007 and monthly year-to-date for 2008. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



## **Enrollment** *(continued)*

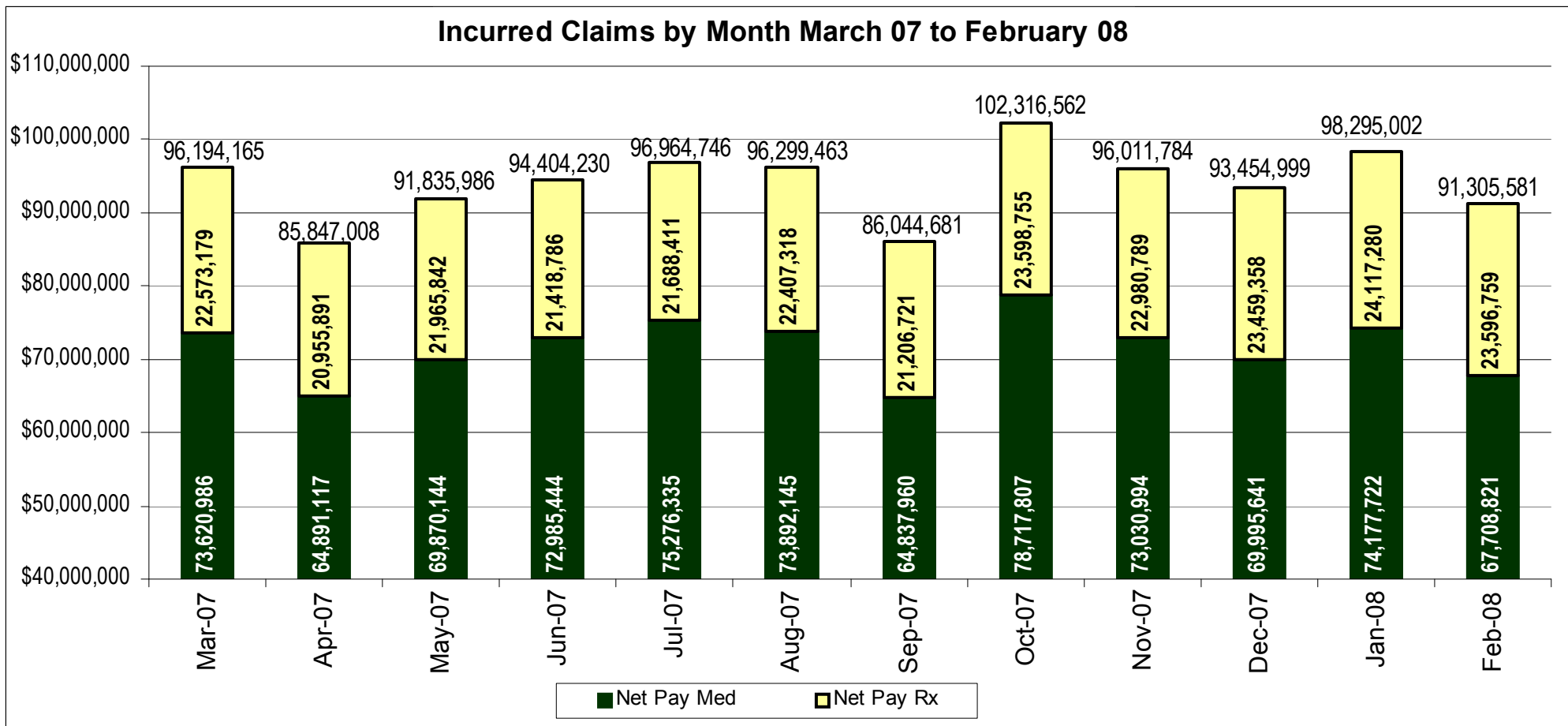
The following charts show Planholder and Member enrollment by group, plan, and coverage level.





## Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



**Claims Costs** *(continued)*

The following tables represent **incurred** claims by **Group** for 2004 - 2007 and monthly year-to-date for 2008.

**INCURRED MEDICAL CLAIMS (no Rx) by Group:**

	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others</b>	<b>Totals</b>
2004	\$246,147,555	\$70,821,610	\$105,467,391	\$123,091,625	\$44,876,807	\$590,404,988
2005	\$258,765,695	\$80,441,575	\$122,087,491	\$127,048,597	\$43,800,319	\$632,143,678
2006	\$304,668,406	\$93,073,097	\$145,248,928	\$150,127,670	\$47,865,152	\$740,983,252
2007	\$358,971,490	\$104,180,237	\$168,581,301	\$158,033,112	\$55,077,395	\$844,843,535
Jan-08	\$30,417,237	\$9,410,684	\$16,136,584	\$13,320,488	\$4,892,729	\$74,177,722
Feb-08	\$28,737,202	\$8,160,906	\$13,649,039	\$12,331,566	\$4,830,108	\$67,708,821

**INCURRED Rx CLAIMS (no Med) by Group:**

	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others</b>	<b>Totals</b>
2004	\$65,369,460	\$24,608,695	\$34,687,723	\$32,464,692	\$11,366,382	\$168,496,952
2005	\$69,902,366	\$27,093,871	\$39,707,393	\$34,313,121	\$11,808,579	\$182,825,330
2006	\$92,684,426	\$35,017,451	\$53,084,690	\$42,883,877	\$13,460,955	\$237,131,398
2007	\$102,807,934	\$37,891,842	\$61,595,055	\$46,106,733	\$15,384,719	\$263,786,282
Jan-08	\$9,306,691	\$3,428,792	\$5,804,087	\$4,163,239	\$1,414,470	\$24,117,280
Feb-08	\$9,243,835	\$3,279,939	\$5,501,323	\$4,198,991	\$1,372,671	\$23,596,759

\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

### **Claims Costs** *(continued)*

The following tables represent **incurred** claims by **Plan** for 2004-2007 and monthly year-to-date for 2008.

#### **INCURRED MEDICAL CLAIMS (no Rx) by PLAN:**

Commonwealth										
Time Period	Enhanced	Essential	Premiere	Select	Old HMO Products	Old POS Products	Old PPO Products	Old EPO Products	Missing*	Total
2004	\$252,667	\$96,285	\$420,830	\$0	\$212,909,645	\$40,885,382	\$325,224,613	\$5,524,470	\$5,091,095	\$590,404,987
2005	\$224,064,043	\$5,706,857	\$398,897,273	\$807	\$12,164	\$900	\$179,854	\$70	\$3,281,710	\$632,143,678
2006	\$285,587,918	\$5,359,881	\$445,866,397	\$2,399	\$0	\$0	\$0	\$0	\$4,166,657	\$740,983,252
2007	\$334,492,653	\$5,008,023	\$494,068,729	\$6,983,773	\$0	\$0	\$0	\$0	\$4,290,357	\$844,843,535
Jan-08	\$27,609,265	\$237,075	\$45,530,456	\$541,821	\$0	\$0	\$0	\$0	\$259,105	\$74,177,722
Feb-08	\$26,734,699	\$228,217	\$39,725,887	\$834,660	\$0	\$0	\$0	\$0	\$185,357	\$67,708,821

#### **INCURRED Rx CLAIMS (no Med) by PLAN:**

Commonwealth										
Time Period	Enhanced	Essential	Premiere	Select	Old HMO Products	Old POS Products	Old PPO Products	Old EPO Products	Missing*	Total
2004	\$53,616	\$2,484	\$77,187	\$0	\$58,944,733	\$13,448,392	\$94,468,015	\$678,460	\$824,066	\$168,496,953
2005	\$64,806,483	\$1,345,013	\$115,899,198	\$0	\$12,237	\$3,874	\$21,588	\$496	\$736,441	\$182,825,330
2006	\$86,167,847	\$1,164,651	\$148,795,912	\$0	\$0	\$0	\$0	\$0	\$1,002,988	\$237,131,398
2007	\$98,732,904	\$966,318	\$162,095,098	\$1,412,443	\$0	\$0	\$0	\$0	\$579,519	\$263,786,282
Jan-08	\$9,145,999	\$74,545	\$14,816,940	\$26,832	\$0	\$0	\$0	\$0	\$52,963	\$24,117,280
Feb-08	\$9,055,209	\$80,136	\$14,369,371	\$49,687	\$0	\$0	\$0	\$0	\$42,356	\$23,596,759

HMO = HMO Option A plus HMO Option B

POS = POS Option A plus POS Option B

PPO = PPO Option A plus PPO Option B

\*Missing means the claims could not be tagged to a specific plan.

**Claims Costs** *(continued)*

The following represents **incurred medical claims only** (does not include Rx) by **Coverage Level** for 2004-2007 and monthly year-to-date for 2008.

**INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:**

Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$79,155,863	\$103,820,755	\$86,067,017	\$316,270,259	\$5,091,095	\$590,404,989
2005	\$87,259,924	\$118,831,621	\$89,302,093	\$333,467,938	\$3,282,102	\$632,143,678
2006	\$104,881,768	\$140,913,318	\$103,384,527	\$387,636,983	\$4,166,657	\$740,983,252
2007	\$123,407,212	\$158,325,338	\$116,190,926	\$442,629,701	\$4,290,357	\$844,843,535
Jan-08	\$11,271,891	\$13,325,295	\$9,852,229	\$39,469,203	\$259,105	\$74,177,722
Feb-08	\$9,744,532	\$12,875,842	\$9,795,937	\$35,107,154	\$185,357	\$67,708,821

The following represents **incurred Rx claims only** (does not include medical) by **Coverage Level** for 2004-2007 and monthly year-to-date for 2008.

**INCURRED Rx CLAIMS (no Med) by Coverage Level:**

Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$25,937,109	\$29,646,733	\$19,042,131	\$93,046,913	\$824,066	\$168,496,952
2005	\$28,909,182	\$34,191,722	\$19,160,269	\$99,827,438	\$736,720	\$182,825,330
2006	\$38,227,531	\$43,808,998	\$25,942,665	\$128,149,400	\$1,002,805	\$237,131,398
2007	\$42,592,650	\$49,268,876	\$29,724,942	\$141,620,322	\$579,492	\$263,786,282
Jan-08	\$3,935,274	\$4,410,772	\$2,780,802	\$12,937,468	\$52,963	\$24,117,280
Feb-08	\$3,835,812	\$4,369,637	\$2,854,400	\$12,494,554	\$42,356	\$23,596,759

*\*Unable to tag claims to a specific coverage level*

## Medical Claims Utilization

The following is based on medical claims\* (does not include Rx) incurred from March 2007 through February 2008.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}
<b>Enhanced</b>	70.22	73.42	-4.35%	3.60	3.84	-6.21%	252.83	297.57	-15.04%
<b>Essential</b>	46.58	63.35	-26.46%	3.60	4.46	-19.22%	167.70	258.97	-35.24%
<b>Premier</b>	103.94	80.06	29.81%	4.31	4.28	0.67%	448.14	345.28	29.79%
<b>Select</b>	55.73	60.37	-7.68%	4.86	4.34	12.05%	270.96	234.88	15.36%
<b>Total</b>	<b>69.12</b>	<b>69.30</b>	<b>-0.26%</b>	<b>4.09</b>	<b>4.23</b>	<b>-3.25%</b>	<b>284.91</b>	<b>284.18</b>	<b>0.26%</b>

Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Visits Per 1000 ER	Visits Per 1000 ER {Rcnt SGovt}	%Diff from {Rcnt SGovt}
<b>Enhanced</b>	7,941.10	7,053.53	12.58%	193.38	203.19	-4.83%
<b>Essential</b>	3,963.35	6,378.80	-37.87%	208.7	200.98	3.84%
<b>Premier</b>	10,186.78	7,834.99	30.02%	236.37	201.21	17.48%
<b>Select</b>	5,770.84	6,170.06	-6.47%	144.13	201.49	-28.47%
<b>Total</b>	<b>6,965.52</b>	<b>6,859.35</b>	<b>-0.44%</b>	<b>195.65</b>	<b>201.72</b>	<b>-3.00%</b>

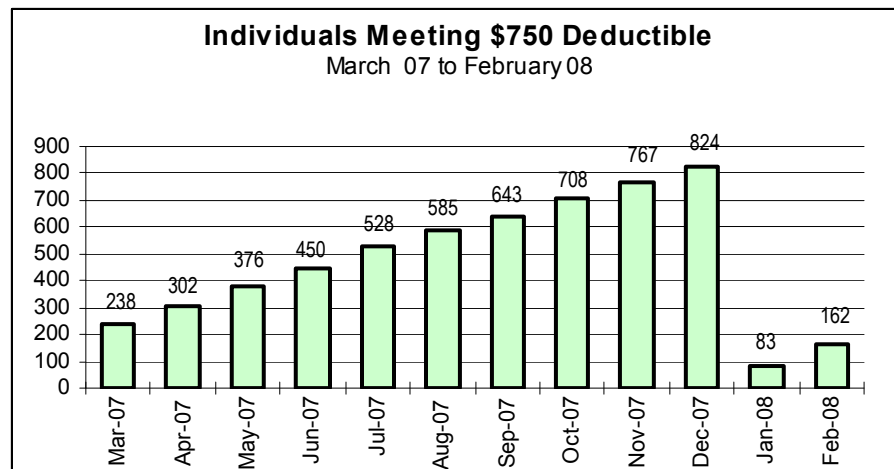
Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab {Rcnt US}	%Diff from {Rcnt US}	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad {Rcnt US}	%Diff from {Rcnt US}
<b>Enhanced</b>	7,677.31	6,154.19	24.75%	2,493.17	2,071.43	20.36%
<b>Essential</b>	4,473.91	5,330.23	-16.07%	1,343.48	1,723.66	-22.06%
<b>Premier</b>	10,626.41	7,091.53	49.85%	3,649.43	2,522.25	44.69%
<b>Select</b>	5,317.32	4,978.72	6.80%	1,732.40	1,576.86	9.86%
<b>Total</b>	<b>7,023.74</b>	<b>5,888.67</b>	<b>16.33%</b>	<b>2,304.62</b>	<b>1,973.55</b>	<b>13.21%</b>

\*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

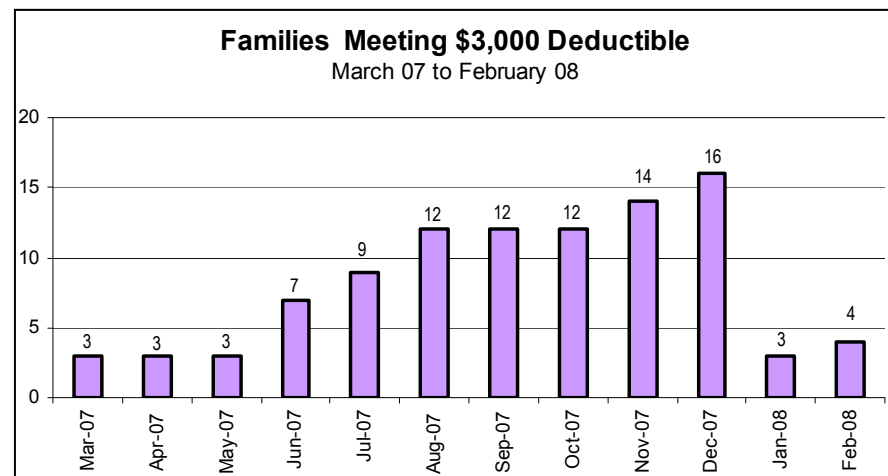
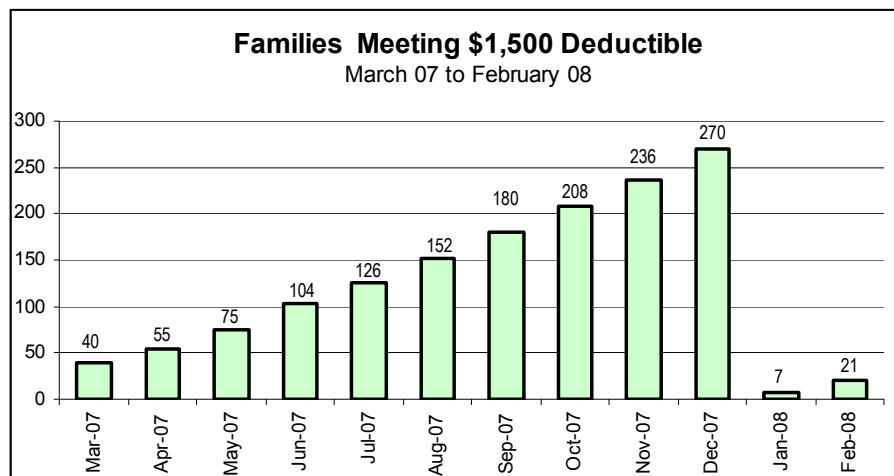
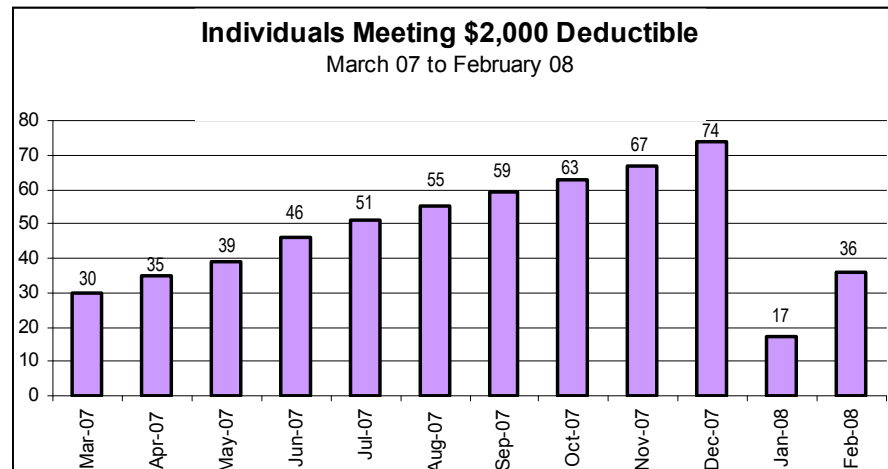
## Analysis of Individuals and Families Meeting Their Deductibles

The following details the number of individuals and families by plan that met their deductible for the most recent rolling year. This report is based on incurred claims.

### Commonwealth Essential



### Commonwealth Select



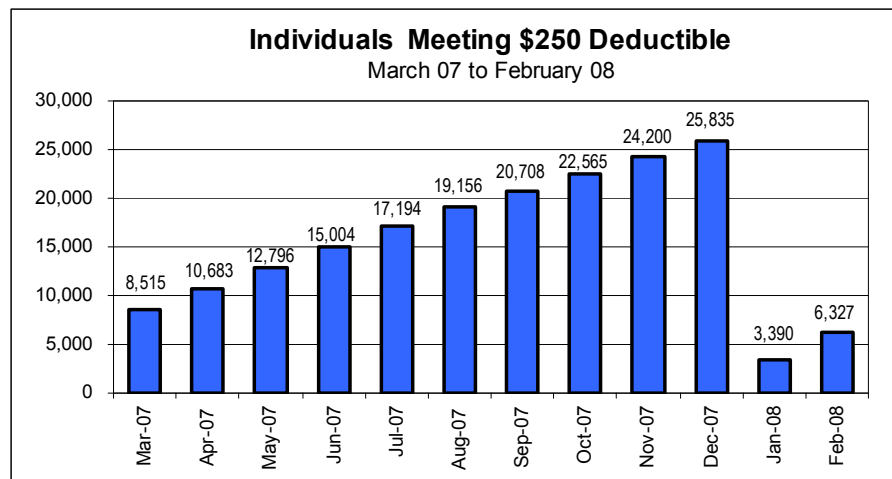
Individuals and Families in Essential Plan			
2005:	<b>18.63%</b>	of Individuals and	<b>11.45%</b> of Families met their Deductibles.
2006:	<b>22.14%</b>	of Individuals and	<b>16.35%</b> of Families met their Deductibles.
2007	<b>22.08%</b>	of Individuals and	<b>17.13%</b> of Families met their Deductibles.
In 2008:	<b>5.03%</b>	of Individuals and	<b>1.76%</b> of Families met their Deductibles.

Individuals and Families in Select Plan			
2007:	<b>1.64%</b>	of Individuals and	<b>0.73%</b> of Families met their Deductibles.
In 2008:	<b>0.58%</b>	of Individuals and	<b>0.16%</b> of Families met their Deductibles.
<i>Note: For the Select Plan only, prescription drug coinsurance amounts are included in MOP totals.</i>			

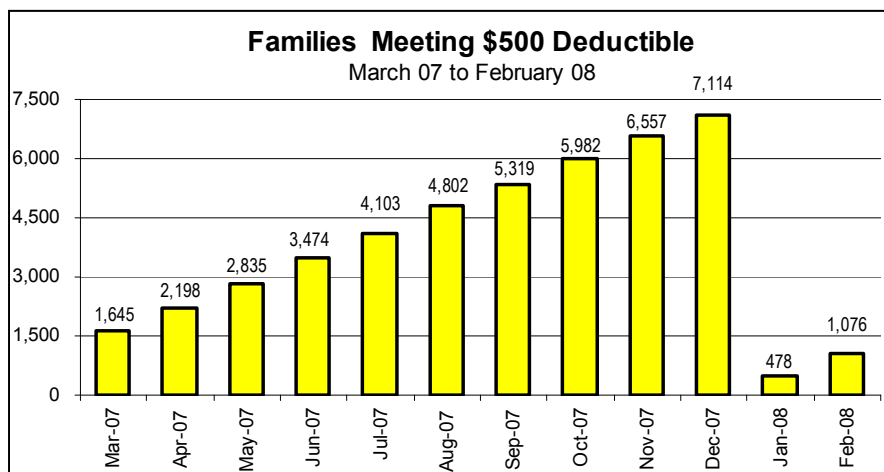
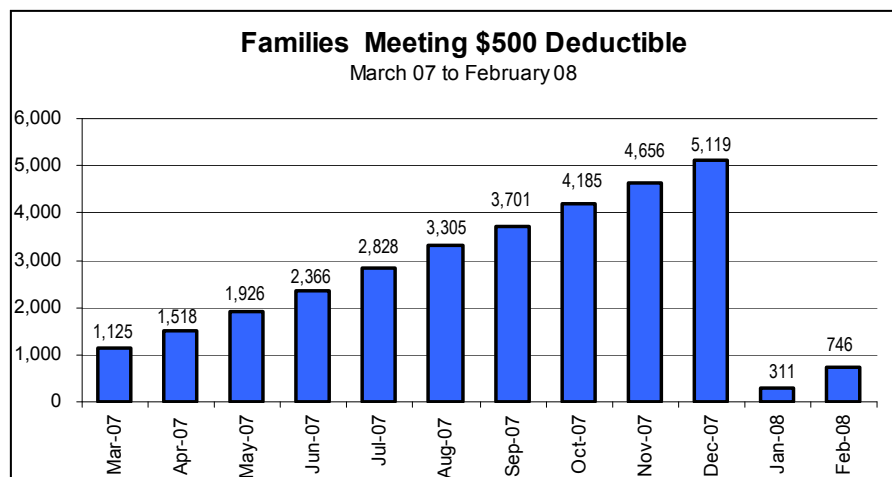
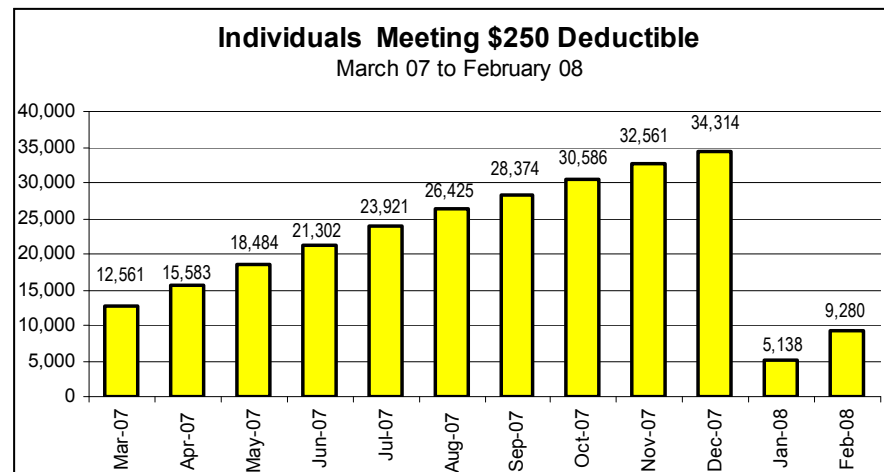
## Analysis of Individuals and Families Meeting Their Deductibles (continued)

The following details the number of individuals and families by plan that met their deductible for the most recent rolling year. This report is based on incurred claims.

### Commonwealth Enhanced



### Commonwealth Premier



#### Individuals and Families In Enhanced Plan

2005:	<b>19.36%</b>	of Individuals &	<b>4.59%</b>	of Families met their Deductibles.
2006:	<b>21.52%</b>	of Individuals &	<b>7.23%</b>	of Families met their Deductibles.
2007:	<b>21.24%</b>	of Individuals &	<b>6.36%</b>	of Families met their Deductibles.
In 2008:	<b>5.02%</b>	of Individuals &	<b>0.99%</b>	of Families met their Deductibles.

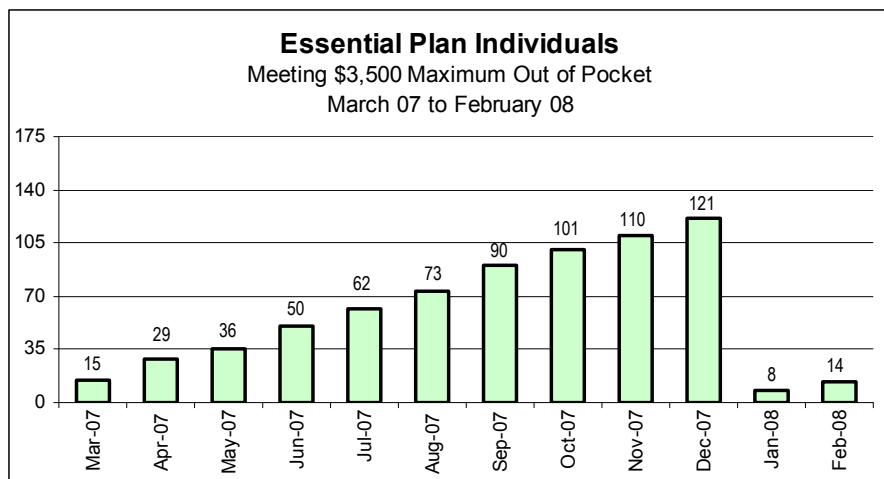
#### Individuals and Families In Premier Plan

2005:	<b>27.80%</b>	of Individuals and	<b>6.65%</b>	of Families met their Deductibles.
2006:	<b>30.15%</b>	of Individuals and	<b>9.95%</b>	of Families met their Deductibles.
2007:	<b>29.92%</b>	of Individuals and	<b>8.78%</b>	of Families met their Deductibles.
In 2008:	<b>8.03%</b>	of Individuals and	<b>1.41%</b>	of Families met their Deductibles.

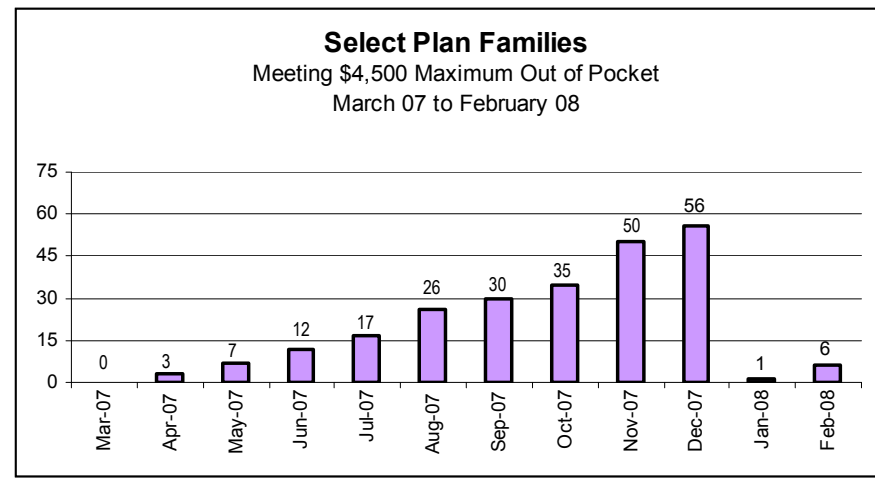
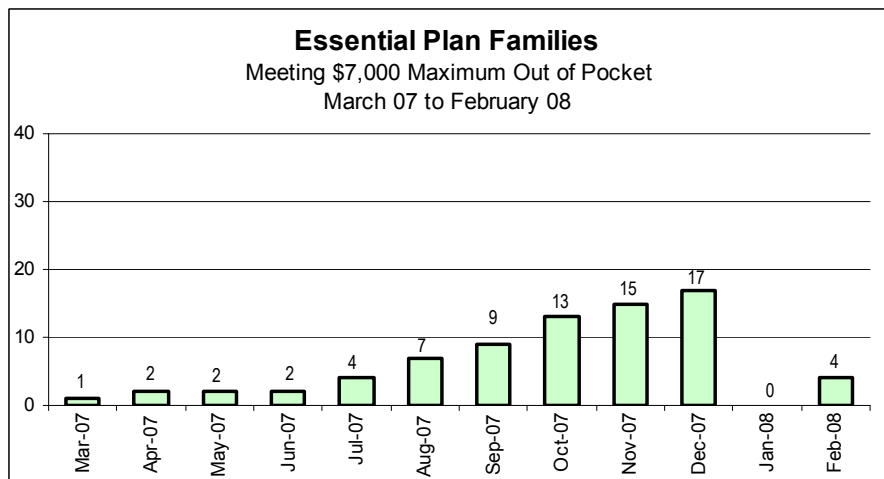
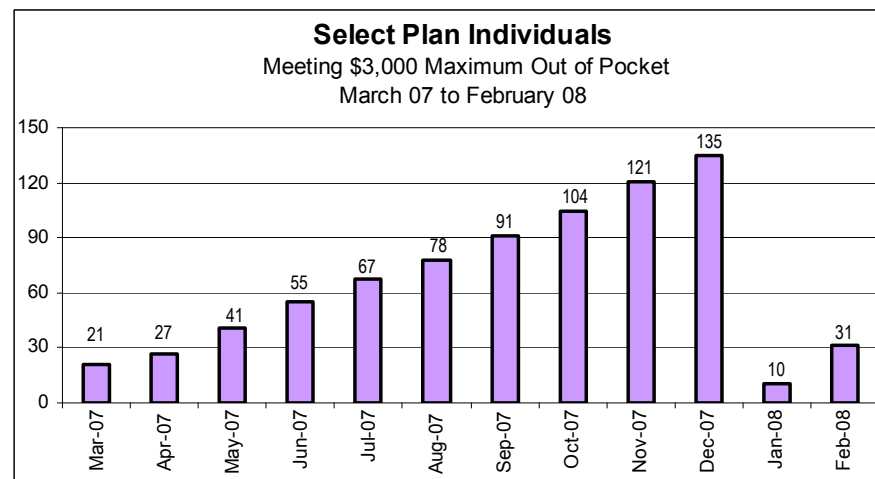
## Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses

The following details the number of individuals and families by plan that met their maximum out of pocket expenses for the most recent rolling year. This report is based on incurred claims.

### Commonwealth Essential



### Commonwealth Select



Individuals and Families in Essential Plan			
2005:	1.14%	of Individuals and	0.22% of Families met their MOPs.
2006:	2.96%	of Individuals and	1.08% of Families met their MOPs.
2007:	3.24%	of Individuals and	1.08% of Families met their MOPs.
In 2008:	1.14%	of Individuals and	0.22% of Families met their MOPs.

Individuals and Families in Select Plan			
2007:	2.99%	of Individuals and	2.56% of Families met their Deductibles.
In 2008:	0.50%	of Individuals and	0.24% of Families met their Deductibles.

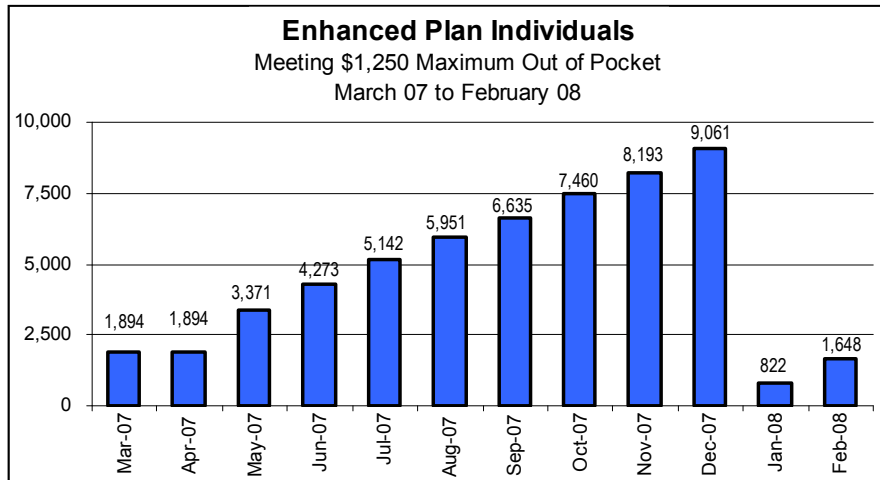
*Note: For the Select Plan only, prescription drug coinsurance amounts are included in MOP totals.*



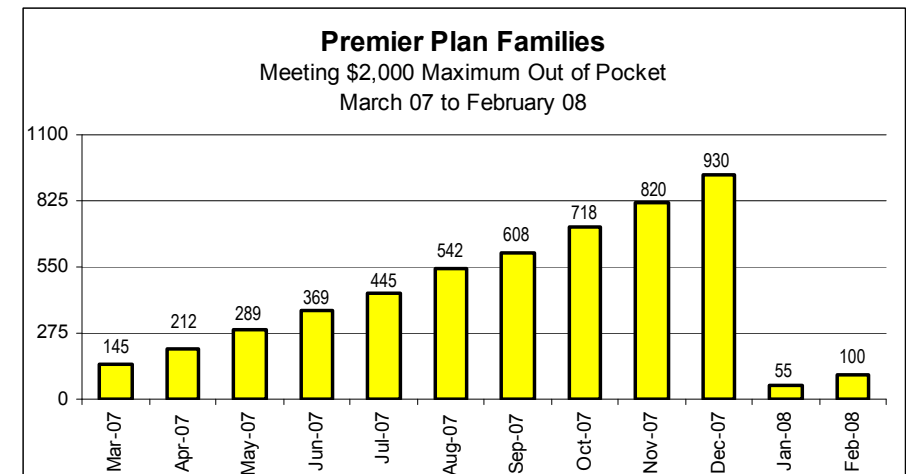
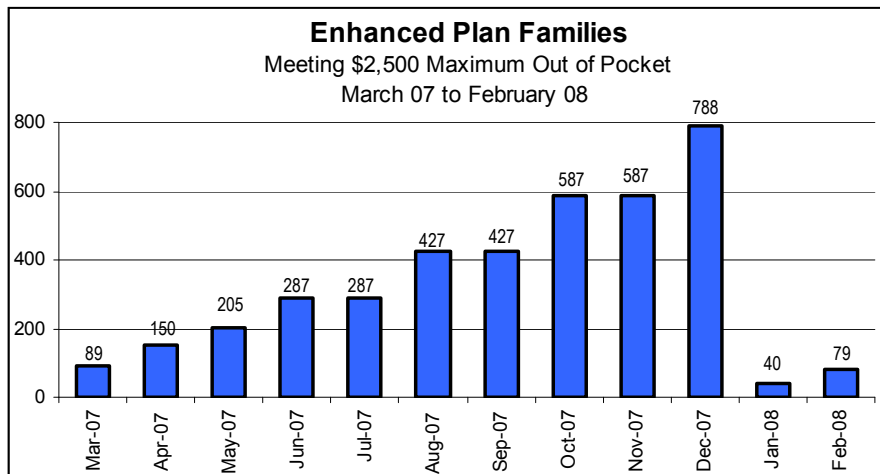
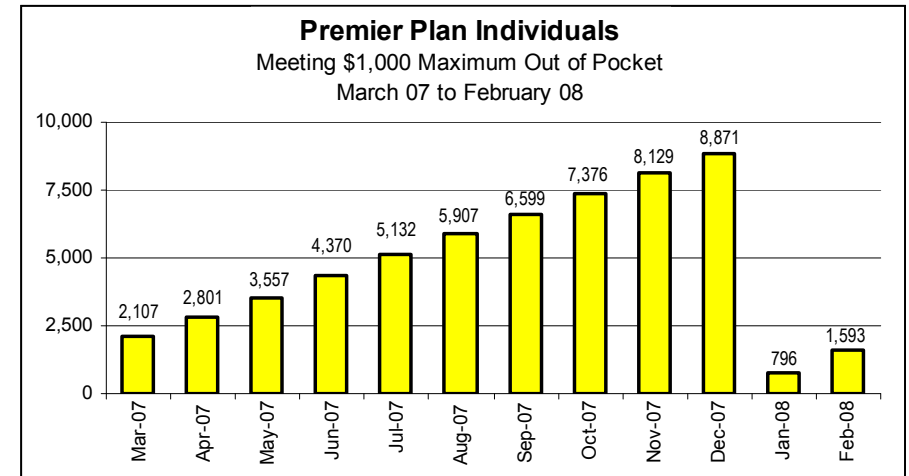
## **Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses** *(continued)*

The following details the number of individuals and families by plan that met their maximum out of pocket expenses for the most recent rolling year. This report is based on incurred claims.

### **Commonwealth Enhanced**



### **Commonwealth Premier**



Individuals and Families In Enhanced Plan			
2005:	<b>3.34%</b>	of Individuals &	<b>0.83%</b> of Families met their MOPs.
2006:	<b>5.79%</b>	of Individuals &	<b>0.94%</b> of Families met their MOPs.
2007:	<b>7.45%</b>	of Individuals and	<b>0.98%</b> of Families met their MOPs.
In 2008:	<b>1.31%</b>	of Individuals and	<b>0.10%</b> of Families met their MOPs.

Individuals and Families In Premier Plan			
2005:	<b>3.38%</b>	of Individuals and	<b>0.53%</b> of Families met their MOPs.
2006:	<b>6.70%</b>	of Individuals and	<b>1.17%</b> of Families met their MOPs.
2007:	<b>7.74%</b>	of Individuals and	<b>1.15%</b> of Families met their MOPs.
In 2008:	<b>1.38%</b>	of Individuals and	<b>0.13%</b> of Families met their MOPs.

**Premium (or Premium Equivalent)**

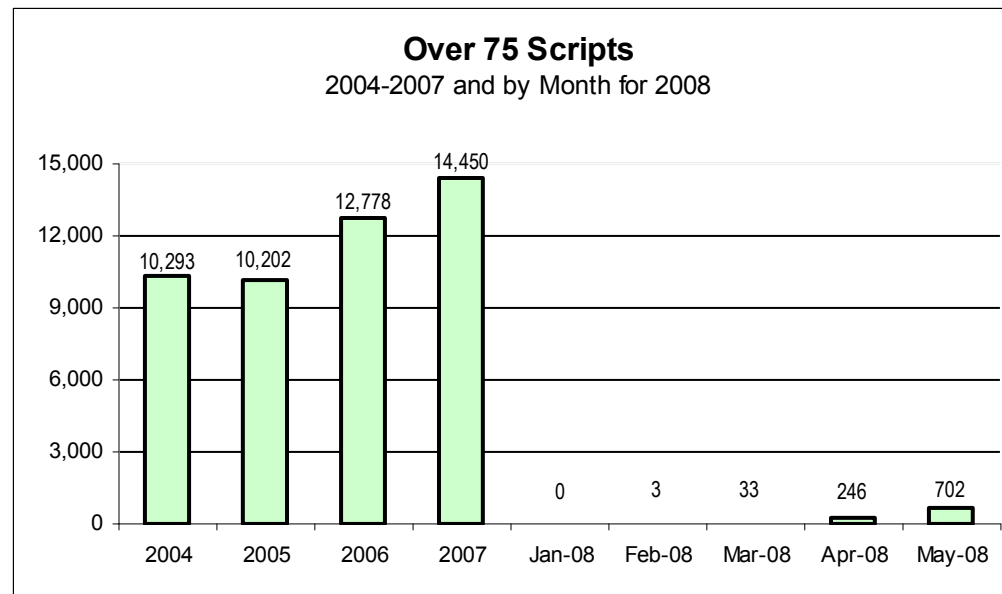
The following details the amount of premium\* (or premium equivalent) paid by the employee and employer for 2004-2007 and monthly through 2008.

<b>Time Period</b>	<b>Employee Premium Amount</b>	<b>Employer Premium Amount</b>	<b>Total Premium Amount</b>
2004	\$213,004,714	\$492,025,888	\$705,030,602
2005	\$148,029,637	\$779,647,097	\$927,676,733
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
2007	\$167,530,819	\$973,220,791	\$1,140,751,611
Jan-08	\$15,092,722	\$88,061,087	\$103,153,809
Feb-08	\$15,073,401	\$88,006,309	\$103,079,710
Mar-08	\$15,067,949	\$88,076,506	\$103,144,455
Apr-08	\$15,056,792	\$87,975,881	\$103,032,673
May-08	\$15,057,461	\$87,904,485	\$102,961,946

*\*Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.*

## **Prescription Drug Utilization**

The following details the number of families that have purchased 75 scripts or more during 2004-2007 and by month for 2008. After a family has filled 75 prescriptions via retail purchase, the co-payment is reduced to \$10 for 2nd tier and \$20 for 3rd tier.



The table below summarizes plan impact for families regarding the scripts benefit in 2008:

Script Count, per Family	Number of Families	Number of Scripts	Avg. # of Scripts per Patient	Avg. Net Payment per Script	Net Payments For All Scripts
0 - 75	133,378	1,932,413	10.10	\$53.01	\$102,437,576.93
over 75	702	64,309	40.65	\$65.54	\$4,214,809.19
Total	134,080	1,996,722	10.35	\$53.41	\$106,652,386.12

**Prescription Drug Utilization** *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

<b>Time Period</b>	<b>Generic</b>	<b>Brand Name, Generic Available</b>	<b>Brand Name</b>	<b>Other*</b>	<b>Total</b>	<b>Scripts Rx % Generic</b>	<b>Scripts Generic Efficiency Rx</b>
Jun-07	226,065	17,147	130,870	7,260	381,342	59.28%	92.95%
Jul-07	271,171	21,081	154,738	8,761	455,751	59.50%	92.79%
Aug-07	222,547	18,149	119,509	7,410	367,615	60.54%	92.46%
Sep-07	230,985	17,394	122,785	7,477	378,641	61.00%	93.00%
Oct-07	293,351	21,354	153,473	9,883	478,061	61.36%	93.21%
Nov-07	238,200	16,852	122,469	8,447	385,968	61.71%	93.39%
Dec-07	250,180	17,108	126,901	9,332	403,521	62.00%	93.60%
Jan-08	300,336	20,957	150,653	13,260	485,206	61.90%	93.48%
Feb-08	259,506	17,181	126,979	14,609	418,275	62.04%	93.79%
Mar-08	256,241	17,288	122,358	11,657	407,544	62.87%	93.68%
Apr-08	307,840	21,253	145,098	12,674	486,865	63.23%	93.54%
May-08	238,248	16,499	111,422	9,275	375,444	63.46%	93.52%

*\*Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).*

## **Prescription Drug Utilization**

The following details the number of members and patients **utilizing prescription benefits** and the associated costs for the most recent rolling year. Based on Incurred Claims.

<b>Month</b>	<b>Members</b>	<b>Patients</b>	<b>Scripts</b>	<b>Scripts Per Member</b>	<b>Scripts Per Patient</b>	<b>Allow Amt* Per Script</b>	<b>Net Pay Per Script</b>	<b>Member Cost Per Script</b>	<b>Patient Cost Per Script</b>
Mar-07	241,951	160,316	438,053	1.81	3.15	\$62.52	\$51.53	\$19.43	\$29.32
Apr-07	242,700	153,351	400,938	1.65	3.04	\$63.20	\$52.27	\$17.72	\$28.04
May-07	242,972	155,116	417,098	1.71	3.12	\$63.49	\$52.66	\$18.26	\$28.60
Jun-07	243,692	152,791	396,526	1.62	3.07	\$64.71	\$54.02	\$17.15	\$27.35
Jul-07	243,889	154,648	400,558	1.64	3.10	\$64.72	\$54.15	\$17.15	\$27.05
Aug-07	241,422	156,115	416,116	1.72	3.14	\$64.16	\$53.85	\$17.58	\$27.18
Sep-07	242,850	151,613	391,580	1.61	3.01	\$64.35	\$54.16	\$16.26	\$26.05
Oct-07	247,352	162,390	431,277	1.74	3.16	\$64.78	\$54.72	\$17.35	\$26.43
Nov-07	248,216	161,278	422,386	1.70	3.10	\$64.21	\$54.41	\$16.51	\$25.40
Dec-07	249,079	158,278	430,546	1.72	3.12	\$64.15	\$54.49	\$16.54	\$26.03
Jan-08	250,257	162,287	440,171	1.75	3.15	\$65.21	\$54.79	\$17.51	\$27.00
Feb-08	250,321	164,352	437,028	1.74	3.06	\$64.11	\$53.99	\$16.94	\$25.79

*\*"Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

## **Prescription Drug Utilization**

The following Top 25 Drug Analysis is based on Rx claims incurred January through February 2008

<b>Rank</b>	<b>Prev Rank</b>	<b>Product Name</b>	<b>Brand/Generic</b>	<b>Therapeutic Classes</b>	<b>Net Pay Rx</b>	<b>Net Pay Rx as % of All Drugs</b>	<b>Scripts Rx</b>	<b>Net Pay Per Day Supply Rx</b>	<b>Patients Rx</b>
1	1	NEXIUM	Single Source Brand	Gastrointestinal Drugs	\$1,446,403	3.03%	8,082	\$4.95	5,061
2	2	SINGULAIR	Single Source Brand	Unclassified Agents	\$1,078,731	2.26%	10,884	\$2.79	7,378
3	3	ENBREL	Single Source Brand	Unclassified Agents	\$957,457	2.01%	464	\$59.18	299
4	4	PREVACID	Single Source Brand	Gastrointestinal Drugs	\$878,819	1.84%	4,756	\$5.22	3,027
5	5	CRESTOR	Single Source Brand	Cardiovascular Agents	\$873,376	1.83%	9,039	\$2.67	5,797
6	6	EFFEXOR-XR	Single Source Brand	Central Nervous System	\$853,619	1.79%	5,721	\$4.41	3,396
7	8	TOPAMAX	Single Source Brand	Central Nervous System	\$778,740	1.63%	3,106	\$7.43	1,991
8	7	VYTORIN	Single Source Brand	Cardiovascular Agents	\$714,493	1.50%	7,586	\$2.53	4,975
9	10	PLAVIX	Single Source Brand	Blood Form/Coagul Agents	\$706,351	1.48%	5,196	\$3.85	3,151
10	11	HUMIRA	Single Source Brand	Immunosuppressants	\$694,261	1.46%	330	\$58.56	209
11	11	CYMBALTA	Single Source Brand	Central Nervous System	\$663,286	1.39%	4,789	\$4.13	2,927
12	12	ACTOS	Single Source Brand	Hormones & Synthetic Subst	\$646,223	1.35%	3,572	\$5.01	2,205
13	14	LEVAQUIN	Single Source Brand	Anti-Infective Agents	\$581,744	1.22%	5,799	\$11.87	5,303
14	13	LEXAPRO	Single Source Brand	Central Nervous System	\$522,990	1.10%	6,727	\$2.29	4,333
15	15	LIPITOR	Single Source Brand	Cardiovascular Agents	\$510,756	1.07%	4,721	\$2.93	3,043
16	N/A	TAMIFLU	Single Source Brand	Anti-Infective Agents	\$491,332	1.03%	7,809	\$10.36	7,784
17	16	TRICOR	Single Source Brand	Cardiovascular Agents	\$478,048	1.00%	4,637	\$2.83	2,912
18	21	PANTOPRAZOLE SODIUM	Single Source Brand	Gastrointestinal Drugs	\$435,615	0.91%	3,627	\$3.49	2,590
19	17	LAMICTAL	Single Source Brand	Central Nervous System	\$427,668	0.90%	1,714	\$7.42	1,032
20	18	CELEBREX	Single Source Brand	Central Nervous System	\$409,491	0.86%	2,744	\$4.07	1,854
21	19	ZETIA	Single Source Brand	Cardiovascular Agents	\$391,248	0.82%	4,285	\$2.47	2,814
22	22	VALTREX	Single Source Brand	Anti-Infective Agents	\$385,226	0.81%	2,297	\$8.65	1,822
23	20	OMEPRAZOLE	Single Source Brand	Gastrointestinal Drugs	\$371,462	0.78%	12,999	\$0.83	8,912
24	25	IMITREX	Single Source Brand	Autonomic Drugs	\$369,621	0.77%	1,816	\$14.22	1,329
25	23	ADVAIR DISKUS 250/50	Single Source Brand	Hormones & Synthetic Subst	\$365,384	0.77%	1,925	\$5.49	1,583

\*"Product Name" includes all strengths/formulations of a drug

### **Prescription Drug Utilization**

In summary, the top 25 drugs represent 14.21% of total scripts and 33.60% of total Rx expenditures..

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$16,032,340	124,625	3,948,193
All Product Names	\$47,714,039	877,199	24,405,593
Top Drugs as Pct of All Drugs	33.60%	14.21%	16.18%

## Utilization

The top 25 clinical conditions based on incurred claims for January through February 2008.

Rank	Prev Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Signs/Symptoms/Oth Cond, NEC	\$8,543,042	\$1,533,575	\$6,929,120	2.92	8.16	389.44	12.67	22,468	\$380.23
2	4	Respiratory Disord, NEC	\$7,004,473	\$2,060,508	\$4,931,843	3.06	2.66	130.96	18.86	7,405	\$945.91
3	2	Prevent/Admin Hlth Encounters	\$6,943,105	\$32,903	\$6,904,949	0.05	2.50	647.03	1.10	32,805	\$211.65
4	3	Coronary Artery Disease	\$6,417,371	\$4,247,116	\$2,169,946	5.21	3.61	68.47	2.65	2,638	\$2,432.67
5	6	Gastroint Disord, NEC	\$5,450,210	\$1,018,527	\$4,431,066	2.13	3.70	161.87	16.69	8,249	\$660.71
6	5	Spinal/Back Disorders, NEC	\$5,345,019	\$1,191,237	\$4,151,381	1.29	2.54	683.44	4.42	11,545	\$462.97
7	7	Osteoarthritis	\$5,011,158	\$3,259,205	\$1,743,938	3.85	3.14	198.11	0.33	5,487	\$913.28
8	8	Arthropathies/Joint Disord NEC	\$4,539,104	\$304,819	\$4,231,181	0.60	3.24	764.08	6.12	16,410	\$276.61
9	9	Infections - ENT Ex Otitis Med	\$3,402,575	\$121,147	\$3,278,542	0.60	2.56	858.32	12.65	32,197	\$105.68
10	12	Pregnancy w Vaginal Delivery	\$2,799,091	\$2,783,581	\$15,510	6.17	2.55	0.43	0.02	461	\$6,071.78
11	13	Chemotherapy Encounters	\$2,714,125	\$385,363	\$2,328,762	0.45	8.11	1.72	0.00	168	\$16,155.51
12	10	Cancer - Breast	\$2,681,386	\$102,776	\$2,578,297	0.43	2.94	46.98	0.02	1,061	\$2,527.22
13	11	Renal Function Failure	\$2,667,879	\$556,995	\$2,072,458	0.36	6.53	13.56	0.38	733	\$3,639.67
14	14	Cholecystitis/Cholelithiasis	\$2,089,272	\$618,535	\$1,470,737	1.24	3.19	7.58	1.29	559	\$3,737.52
15	N/A	Infections - Respiratory, NEC	\$1,993,808	\$376,716	\$1,617,066	1.94	3.22	378.11	12.31	15,441	\$129.12
16	N/A	Newborns, w/wo Complication	\$1,939,786	\$1,797,035	\$142,751	9.13	3.65	4.92	0.12	594	\$3,265.63
17	N/A	Hypertension, Essential	\$1,741,577	\$246,222	\$1,494,622	0.55	2.87	327.57	1.55	13,926	\$125.06
18	19	Infec/Inflam - Skin/Subcu Tiss	\$1,729,538	\$361,440	\$1,364,841	0.93	4.46	239.88	3.51	8,884	\$194.68
19	20	Hernia/Reflux Esophagitis	\$1,710,120	\$297,040	\$1,412,485	0.81	3.09	54.7	1.55	2,743	\$623.45
20	18	ENT Disorders, NEC	\$1,633,952	\$31,165	\$1,602,787	0.10	4.00	640.39	2.73	10,957	\$149.12
21	23	Urinary Tract Calculus	\$1,631,936	\$228,630	\$1,403,306	0.79	2.09	17.4	3.87	772	\$2,113.91
22	21	Gynecological Disord, NEC	\$1,606,146	\$185,891	\$1,420,203	0.55	2.57	81.55	1.43	4,298	\$373.70
23	16	Condition Rel to Tx - Med/Surg	\$1,598,466	\$965,227	\$628,124	1.79	5.20	11.21	1.27	716	\$2,232.49
24	22	Nutritional Disorders, NEC	\$1,574,953	\$261,673	\$1,313,086	0.91	2.55	198.66	1.63	11,439	\$137.68
25	17	Cancer - Colon	\$1,516,326	\$633,001	\$883,325	0.60	9.32	13.53	0.10	246	\$6,163.93

NOTE: Medical payments represent only the payments made for the specified condition.



**Utilization** *(continued)*

In Summary, the top clinical conditions represent more than 59.40% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$84,284,416	\$23,600,329	\$60,520,327	46.45	3.73	5,939.90	107.29
All Clinical Conditions	\$141,886,544	\$41,517,873	\$100,093,433	87.47	3.98	8,886.34	212.43
Top Clinical Conditions as Pct of All Clinical Conditions	59.40%	56.84%	60.46%	53.10%	93.49%	66.84%	50.51%

### **Claims Lag Analysis**

The following claims lag information is based on medical claims (does not include Rx) incurred March 2007 through February 2008.

<b>Plan</b>	<b>Number of Medical Claims</b>	<b>Avg Days Lag Per Claim</b>	<b>% Claims Paid Within 30 Days</b>	<b>% Claims Paid Within 60 Days</b>	<b>% Claims Paid Within 90 Days</b>
Commonwealth Enhanced	567,205	16.4	86.84%	95.60%	98.57%
Commonwealth Essential	7,860	19.8	81.08%	93.08%	97.46%
Commonwealth Premier	731,995	16.7	86.58%	95.34%	98.58%
Commonwealth Select	20,087	17.3	85.55%	94.80%	97.97%
~Missing	3,617	28.2	70.72%	86.12%	96.38%
All Plans	1,330,764	16.6	86.60%	95.40%	98.55

*\*Missing means the claims could not be tagged to a specific plan.*

### **Claims Lag Analysis** *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Month Incurred	Jun 2007	Jul 2007	Aug 2007	Sep 2007	Oct 2007	Nov 2007
Mar 2007	\$3,344,199.20	\$906,994.53	\$1,531,347.36	\$293,998.61	\$603,304.36	\$146,945.29
Apr 2007	\$5,644,548.25	\$2,140,220.39	\$1,369,212.09	\$407,501.21	\$63,281.31	\$253,896.02
May 2007	\$35,121,507.39	\$4,965,627.81	\$2,777,600.79	\$702,179.18	\$868,213.03	\$454,538.42
Jun 2007	\$50,659,703.73	\$32,839,646.69	\$6,371,563.14	\$1,889,269.24	\$1,528,118.17	\$446,253.57
Jul 2007	N/A	\$52,196,605.28	\$34,282,783.70	\$5,298,392.73	\$2,845,661.73	\$1,055,317.16
Aug 2007	N/A	N/A	\$50,987,189.56	\$33,854,734.14	\$7,485,578.35	\$1,806,083.47
Sep 2007	N/A	N/A	N/A	\$40,418,352.08	\$37,875,579.45	\$4,000,919.63
Oct 2007	N/A	N/A	N/A	N/A	\$58,903,772.24	\$34,411,552.02
Nov 2007	N/A	N/A	N/A	N/A	N/A	\$52,283,411.58
Dec 2007	N/A	N/A	N/A	N/A	N/A	N/A
Jan 2008	N/A	N/A	N/A	N/A	N/A	N/A
Feb 2008	N/A	N/A	N/A	N/A	N/A	N/A

	Month Paid					
Month Incurred	Dec 2007	Jan 2008	Feb 2008	Mar 2008	Apr 2008	May 2008
Mar 2007	\$136,273.54	\$73,804.50	\$47,303.68	\$42,783.80	\$71,850.20	\$6,586.45
Apr 2007	\$90,585.38	\$22,430.43	\$58,900.31	\$82,448.21	\$18,450.18	\$62,372.32
May 2007	\$219,393.67	-\$37,742.99	\$36,845.71	\$68,532.01	\$134,876.18	\$41,817.08
Jun 2007	\$152,809.18	\$116,641.37	\$155,058.20	\$122,072.00	\$24,353.41	\$98,741.76
Jul 2007	\$470,666.87	\$292,223.23	\$386,422.19	\$6,867.34	\$63,042.75	\$66,762.83
Aug 2007	\$968,455.94	\$494,785.36	\$329,473.85	\$119,021.00	\$149,955.33	\$104,185.85
Sep 2007	\$1,697,261.14	\$903,063.64	\$458,424.52	\$284,472.87	\$296,846.62	\$109,760.69
Oct 2007	\$4,249,760.57	\$2,759,629.44	\$937,681.20	\$456,486.22	\$325,241.66	\$272,438.82
Nov 2007	\$34,436,256.79	\$5,703,654.03	\$1,882,676.35	\$916,916.00	\$586,870.93	\$201,997.88
Dec 2007	\$47,473,914.63	\$37,297,727.48	\$4,420,455.50	\$2,765,124.72	\$1,405,895.25	\$91,881.63
Jan 2008	N/A	\$54,382,641.09	\$34,877,695.93	\$5,778,835.22	\$2,224,101.68	\$1,031,728.36
Feb 2008	N/A	N/A	\$50,202,653.61	\$33,957,099.45	\$5,089,983.32	\$2,055,844.14

### Claims Distribution Based on Age/Gender

The following is based on claims incurred January through February 2008.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,079.5	\$1,858,911.49	\$1,722.01	1,136.5	\$1,736,409.86	\$1,527.86
Ages 1-4	5,025.0	\$1,509,805.46	\$300.46	5,318.0	\$1,824,958.86	\$343.17
Ages 5-9	6,759.5	\$1,330,705.42	\$196.86	6,977.0	\$1,644,272.50	\$235.67
Ages 10-14	7,359.5	\$1,902,454.52	\$258.50	7,689.5	\$1,896,098.73	\$246.58
Ages 15-17	4,934.5	\$1,620,927.50	\$328.49	5,337.5	\$1,536,544.81	\$287.88
Ages 18-19	3,307.0	\$1,091,777.60	\$330.14	3,442.0	\$1,154,006.88	\$335.27
Ages 20-24	6,896.0	\$2,771,011.46	\$401.83	5,597.0	\$1,251,494.54	\$223.60
Ages 25-29	8,753.5	\$5,347,181.12	\$610.86	4,260.5	\$1,234,879.43	\$289.84
Ages 30-34	9,384.0	\$6,282,305.50	\$669.47	5,156.0	\$1,728,116.70	\$335.17
Ages 35-39	11,450.5	\$7,621,697.27	\$665.62	5,962.5	\$2,888,994.70	\$484.53
Ages 40-44	12,315.5	\$9,169,610.59	\$744.56	6,684.0	\$4,128,555.77	\$617.68
Ages 45-49	15,013.5	\$12,449,349.11	\$829.21	8,035.0	\$6,441,620.48	\$801.70
Ages 50-54	18,211.0	\$18,163,820.64	\$997.41	10,555.0	\$9,853,750.54	\$933.56
Ages 55-59	20,334.5	\$22,411,975.71	\$1,102.17	12,825.0	\$14,476,778.17	\$1,128.79
Ages 60-64	16,541.0	\$23,397,455.92	\$1,414.51	11,229.0	\$15,699,190.02	\$1,398.09
Ages 65-74	1,942.0	\$2,540,708.68	\$1,308.29	1,466.0	\$2,635,212.82	\$1,797.55

### **Allowed Amount Distribution**

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2005, 2006, 2007 and 2008.

<b>Allowed Amount</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
less than 0.00	90	6	2	0
\$0.00 - \$499.99	50,002	54,081	53,879	117,407
\$500.00 - \$999.99	29,232	32,937	33,812	33,969
\$1,000.00 - \$1,999.99	35,407	40,353	42,378	20,511
\$2,000.00 - \$4,999.99	47,471	54,425	56,771	12,703
\$5,000.00 - \$9,999.99	26,210	30,343	32,211	4,377
\$10,000.00 - \$14,999.99	9,138	10,597	11,915	1,305
\$15,000.00 - \$19,999.99	4,055	4,720	5,452	617
\$20,000.00 - \$29,999.99	3,539	4,277	5,043	572
\$30,000.00 - \$49,999.99	2,312	2,849	3,274	362
\$50,000.00 - \$74,999.99	932	1,091	1,291	137
\$75,000.00 - \$99,999.99	390	467	519	45
\$100,000.00 - \$149,999.99	299	350	415	39
\$150,000.00 - \$199,999.99	116	116	157	13
\$200,000.00 - \$249,999.99	57	63	81	4
over \$249,999.99	74	97	120	4
<b>Total</b>	<b>209,324</b>	<b>236,772</b>	<b>247,320</b>	<b>192,065</b>

### **Summary of Enrollment and Claims**

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Net Pay Med and Rx</b>	<b>Net Pay Med</b>	<b>Net Pay Rx</b>	<b>Claims Paid</b>	<b>Claims Paid Med</b>	<b>Scripts Rx</b>
Mar 2007	241,951	\$96,194,165.14	\$73,620,986.47	\$22,573,178.67	750,238	304,513	438,053
Apr 2007	242,700	\$85,847,007.57	\$64,891,116.97	\$20,955,890.60	684,796	276,446	400,938
May 2007	242,972	\$91,835,986.27	\$69,870,144.23	\$21,965,842.04	712,090	287,302	417,098
Jun 2007	243,692	\$94,404,230.46	\$72,985,444.32	\$21,418,786.14	690,459	286,618	396,526
Jul 2007	243,889	\$96,964,745.81	\$75,276,335.25	\$21,688,410.56	706,853	298,610	400,558
Aug 2007	241,422	\$96,299,462.85	\$73,892,145.13	\$22,407,317.72	723,061	299,661	416,116
Sep 2007	242,850	\$86,044,680.64	\$64,837,959.80	\$21,206,720.84	660,167	261,936	391,580
Oct 2007	247,352	\$102,316,562.17	\$78,717,807.17	\$23,598,755.00	745,745	328,458	431,277
Nov 2007	248,216	\$96,011,783.56	\$73,030,994.47	\$22,980,789.09	735,322	305,737	422,386
Dec 2007	249,079	\$93,454,999.21	\$69,995,641.33	\$23,459,357.88	709,386	271,626	430,546
Jan 2008	250,257	\$98,295,002.28	\$74,177,722.47	\$24,117,279.81	762,936	314,902	440,171
Feb 2008	250,321	\$91,305,580.52	\$67,708,821.22	\$23,596,759.30	740,579	296,163	437,028

*NOTE: Includes run out data from all Carriers*

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Total Medical and Rx Claims</b>	<b>Total Medical Claims</b>	<b>Total Rx Claims</b>
2006 - Feb 2007	239,406	1,033,805,468	\$787,036,391	\$246,774,986
Jun 2007 - May 2008	248,098	1,156,645,350	\$882,106,313	\$274,539,037
% Change (Roll Yrs)	3.60%	11.90%	12.10%	11.30%